Fill in this information	n to identify your case:	
Debtor 1	Timothy Adam Thompson	
Debtor 2 (Spouse, if filing)	Natasha Lynn Thompson	
United States Bankro	uptcy Court for the: WESTERN DISTRICT OF TENNESSEE	
Case number (If known)	20-11576	Check if this is: An amended filing A supplement showing postpetition chapter
Official Forr	m 106l	13 income as of the following date:

Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment							
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse				
	If you have more than one job,	Employment status	■ Employed	■ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed				
	employers.	Occupation						
	Include part-time, seasonal, or self-employed work.	Tier 1 Completions Solutions Employer's name Inc.		Laurelwood Healthcare				
	Occupation may include student or homemaker, if it applies.	Employer's address	24275 Katy Freeway, ste 400 Katy, TX 77494	200 Birch Street Jackson, TN 38301				
		How long employed th	nere? just started	10/2020				
D	Cive Details About Man	thly locamo						

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 11,118.46 2,949.92 2. 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 78.00 3. Calculate gross Income. Add line 2 + line 3. 11,118.46 3,027.92

Schedule I: Your Income Official Form 106I page 1

Deb Deb	tor 1 tor 2	Timothy Adam Thompson Natasha Lynn Thompson	_		Case	number (if known)	2	0-11576			
					For Debtor 1			For Debtor			
	Cop	by line 4 here	4.		\$	11,118.46			,027.92		
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	2,731.76		\$	327.75	5	
	5b.	Mandatory contributions for retirement plans	5b) .	\$	0.00	-	\$	0.00)	
	5c.	Voluntary contributions for retirement plans	50) .	\$	0.00	- ;	\$	0.00)	
	5d.	Required repayments of retirement fund loans	50	d.	\$_	0.00	_	\$	0.00)	
	5e.	Insurance	5e		\$_	0.00	_	\$	0.00	2	
	5f.	Domestic support obligations	5f.		\$_	0.00	_	\$	0.00		
	5g.	Union dues	50	-	\$_	0.00	_	\$	0.00		
	5h.	Other deductions. Specify:	5r	1.+	\$_	0.00	+ 5	»	0.00	_	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,731.76	-	\$	327.75	5	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	8,386.70	- (\$2	,700.17	7_	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a	\$	0.00		\$	0.00	1	
	8b.	Interest and dividends	8b		\$-	0.00	_	\$	0.00	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 80	c .	\$	0.00	-	\$	0.00		
	8d.	Unemployment compensation	80	d.	\$_	0.00	· ;	\$	0.00)	
	8e.	Social Security	86	€.	\$	0.00	·	\$	0.00	7	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 8f 8g		\$_ \$_	0.00 0.00	_	\$ \$	0.00	_	
	8h.	Other monthly income. Specify:	_	ر. ۱.+	\$ -	0.00	_	*	0.00		
	0111		_ "	 		0.00	- ' ` 1		- 0.00	_	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	0.00] [:	\$	0.0	00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	Φ.		9 296 70 +		2 700 17	1_[e	11 0	96 97
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ъ_		8,386.70 + \$		2,700.17	= \$ _	11,00	86.87
11.	State Included Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you are friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe			. •	,	in Schedul	e J. +\$		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certailies							\$	11,08	86.87
13.	Do	you expect an increase or decrease within the year after you file this forn	1?						Comb		ome
		No. Yes. Explain:									